MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10950

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George Co. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier, Md | LENGTH OF STAY (in this place) 40 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md | COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 3707 Hyatsville ST

3. NAME OF DECEASED (Type or Print): (First) Magdalena (Middle) (Last) Austin

4. DATE OF DEATH: (Month) Nov (Day) 15 (Year) 1949

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: May 29 1911 | 9. AGE last birthday: 38 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Thomas Herath | 14. MOTHER'S MAIDEN NAME: Margaret Tanner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Reginald R. Austin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Subarachnoid Hemorrhage & Thrombosis left middle Cerebral artery.	40 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying ceuse last 443 93d	(b) Hypertensive Cardio-Vascular Disease	6 years.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, ferm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Yeer) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1943, to Nov. 15, 1949, that I last saw the deceased alive on Nov. 15, 1949, and that death occurred at 11:27 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Charles C. Hagecge M.D. Mt. Rainier, Md. Nov. 15, 1949

23. BURIAL, CREMATION / REMOVAL (Specify) Buried | DATE THEREOF Nov 18-49 | NAME OF CEMETERY, OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) (State) Suitland Maryland

DATE REC'D BY LOCAL REG. Nov 16/49 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR Simmons Bros. | ADDRESS 2007 Nicholas Ave. S.E. Wash. D.C.

VS. A15

RECEIVED
NOV 17 1949
CLEVELAND, O.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10951

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ritchie | LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6363 Ritchie Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ritchie
STREET ADDRESS (If rural give location) 6363 Ritchie Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Theodore	Edward	Ball	Nov	22	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	January 9, 1881	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farmer		District of Columbia	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T. Ball	Annie M Frizzell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No			Mrs Norma V. Ball

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxemia, exhaustion

153 Antecedent cause(s)

46.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of colon

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec 28, 1946	Carcinoma of sigmoid colon	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 1946., to Nov 22., 1949, that I last saw the deceased alive on Nov 21., 1949., and that death occurred at 8:10 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd	M D	Forestville Md	11-22-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 25.	Epiphany Church C.	Forestville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 23-1949	Edna F. Collins	Ritchie Bros.	Upper Marlboro Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 1 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10952

CERTIFICATE OF DEATH

Reg. Dist. No. 7145

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville; STREET ADDRESS 3703- 37 Ave (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Grace (Last) Biggs

4. DATE OF DEATH: (Month) Nov. 1 (Day) (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: 10/15/1864

9. AGE last birthday: 85 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Merillat - Wells Herbert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: 2 hrs

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — Yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 1949, to Nov. 1, 1949, that I last saw the deceased alive on Nov. 1, 1949, and that death occurred at 2 40 p.m., from the causes and on the date stated above.

SIGNATURE: Ronald S. Fleisher (Degree or title): M.D. ADDRESS: 5432 Queens Chapel Rd Hyattsville Md DATE SIGNED: 11-1-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 4/1949 — NAME OF CEMETERY OR CREMATORY: Glenwood — LOCATION (City, town, or county) (State): Wash. D.C

DATE REC'D BY LOCAL REG.: Nov. 1, 1949 — REGISTRAR'S SIGNATURE: James Berry

24. FUNERAL DIRECTOR: Ed Funeral Home — ADDRESS: Wash DC

VS. A15

RECEIVED
NOV 3 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10953

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Glenn Dale
LENGTH OF STAY (in this place) 4mos., 29days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4822 - S.29th Street, Arlington, Va

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
BERNICE	LOUISE	BRITT	NOV.	8	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	April 5, 1923	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		DuBois, Pennsylvania	U.S.A.

13. FATHER'S NAME: George Wildauer

14. MOTHER'S MAIDEN NAME: Elizabeth Taafe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	201-12-3384	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Tuberculous Meningitis	7 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Pulmonary Tuberculosis, Quiescent	7 mo.
(c)		

002
13 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from JUNE 10, 1949, to NOV. 8, 1949, that I last saw the deceased alive on Nov. 8, 1949, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.	Glenn Dale Sanatorium, Glenn Dale, Maryland	11/8/49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
removal	Nov. 9, 1949	Washington D.C.	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-9-49	Rowland S. Phillips	James T. Ryan Inc.	317 Penna. ave., S.E. Wash., D.C.

FILED
NOV 15 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10954

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Prince Geo — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Capitol Heights | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 16 Parkside Rd. ✓

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) H (Last) Broskey
4. DATE OF DEATH: (Month) Nov (Day) 29 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec 21, 1898
9. AGE last birthday: 60 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wash D C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Robert J. Mills
14. MOTHER'S MAIDEN NAME: Amelia Weber
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Sophia Weber 2501 Que St. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	7 days
443 Antecedent cause(s)		
131 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Glomerular Nephritis	5 years
	(c) Hypertensive Cardio Vascular Disease	7 Years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Cholecystitis	1 year

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 29, 1949, to Nov 29, 1949, that I last saw the deceased alive on Nov 29, 1949, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Samuel J. Kugar MD | 4300 Kaywood Dr Mt Rainier Md | Nov 29 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Dec 2, 49 | NAME OF CEMETERY OR CREMATORY: Rock Creek | LOCATION (City, town, or county) (State): Wash. D. C.

DATE RECD BY LOCAL REG. 11/29/49 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR | ADDRESS: Deal Funeral Home 4812 Ga. Ave. N.W. Wash. D.C.

RECEIVED
DEC 1 1949
BUREAU V. S.

10955

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 8 1/2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Heights
STREET ADDRESS (If rural, give location) 5820 Quebec St.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Ellis (Last) Bryant
4. DATE OF DEATH (Month) Nov (Day) 28 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 14, 1894
9. AGE last birthday 55 yrs. If under Months. 1 year Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Wm E. Bryant
14. MOTHER'S MAIDEN NAME Margaret Connor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 1918-1922 (If year, give war or dates of service) yes
16. SOCIAL SECURITY No. 578-09-9457
17. INFORMANT Mrs Virginia Bryant Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Myocardial Insufficiency	36 h
93d	Antecedent cause(s)	(b) Marked Coronary Arterio-sclerosis and Generalized Arterio-sclerosis	5 yr +
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Chronic Passive Congestion	36 h

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11/28, 1949 to 11/28, 1949 that I last saw the deceased alive on 11/28, 1949, and that death occurred at 8 05 P m., from the causes and on the date stated above.

SIGNATURE O.L. Etienne (Degree or title) M.D. ADDRESS College Park, Md DATE SIGNED 11/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Dec 1, 1949
NAME OF CEMETERY OR CREMATORY St Johns
LOCATION (City, town, or county) Beltsville Md (State)

DATE REC'D BY LOCAL REG. 11/30/49
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 1 1949
BUREAU V. S.

10956

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md. — LENGTH OF STAY (in this place) 30 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant, Md. —
STREET ADDRESS (If rural, give location) 413 - 70th Place.

3. NAME OF DECEASED (Type or Print) (First) Hampton (Middle) (Last) Buckner
4. DATE OF DEATH (Month) Nov. (Day) 19 (Year) 1949

5. SEX M
6. COLOR OR RACE W —
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH April 18, 1886
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY own farm
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mitch Buckner
14. MOTHER'S MAIDEN NAME Maldine Shelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Congestive Heart Failure

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension & Emphysema.

(c) Arterio-Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17, 1949, to 11-19, 1949 that I last saw the deceased alive on 11-19, 1949, and that death occurred at 1:27 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Albert Roth M.D. ADDRESS Riverdale Md DATE SIGNED 11-19-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 11/21/49 NAME OF CEMETERY OR CREMATORY Lt Lincoln LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REG. 11/21/49 REGISTRAR'S SIGNATURE Amanda Downey 24. FUNERAL DIRECTOR F Gasch's Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 22 1949
BUREAU OF S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10957

CERTIFICATE OF DEATH

Reg. Dist. No. 542

1. PLACE OF DEATH · COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cedar Heights — LENGTH OF STAY (In this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1011-62nd Place

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C.
STREET ADDRESS (If rural, give location): 5703 Foote St. N.E. ✓

3. NAME OF DECEASED (Type or Print): (First) Wilma — (Middle) Irene — (Last) Butler
4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: May 19, 1949
9. AGE last birthday: yrs. — If under 1 year: Months 5 — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Irvine Butler
14. MOTHER'S MAIDEN NAME: Christine Logan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: William Irvine Butler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Inanition

772.0 158 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5-45 P. m., from the causes and on the date stated above.

SIGNATURE: John J. Maloney M.D. (Degree or title) Deputy Med. Exam. ADDRESS: Hyattsville Md. DATE SIGNED: 11-14-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: Nov. 11-49
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: Nov 11-49
REGISTRAR'S SIGNATURE: Carrie F. Campbell.
24. FUNERAL DIRECTOR: Rollins Funeral Home ADDRESS: 3936 Hunt Pl. N.E.

RECEIVED
NOV 17 1949
BUREAU V. D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10958

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland — LENGTH OF STAY (in this place) 2 hrs 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges County

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Pa. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) Prince Geo. Gen. Hosp.

3. NAME OF DECEASED (Type or Print): (First) Baby — (Middle) — (Last) Cahlander

4. DATE OF DEATH: (Month) Nov. (Day) 20, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov. 18, 1949

9. AGE last birthday: yrs. — If under 1 year: Months — Days 2 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Cahlander Bernard

14. MOTHER'S MAIDEN NAME: Ruth Pedersen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Anencephalus — Interval Between Onset and Death: 2 hrs 15 min

750 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

157c (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18, 1949, to 11-20, 1949, that I last saw the deceased alive on 11-20, 1949, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Francis Warren M.D. — ADDRESS: Docs - R.S.H.G. — DATE SIGNED: 11/21/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 22 Nov. 1949 | NAME OF CEMETERY OR CREMATORY: Arona Evangelical Cemetery | LOCATION (City, town, or county) (State): Belair Rd, Baltimore, Md.

DATE REC'D BY LOCAL REG.: 11/21/49 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR: E. Darsch Sons. | ADDRESS: Hyattsville, Md.

VS. A15

RECEIVED
NOV 22 1949

10959

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) Riggs Road Box 108

3. NAME OF DECEASED (Type or Print) (First) Douglas (Middle) Pershing (Last) Carpenter
4. DATE OF DEATH (Month) Nov (Day) 19 (Year) 1949
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 27, 1942
9. AGE last birthday 7 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Laurel, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Fred Pershing Carpenter
14. MOTHER'S MAIDEN NAME Grace Elizabeth Hipsley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 Immediate cause (a) Shock.

170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull, fracture of both

(c) femurs & fracture radius & ulna Rt arm.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Beltsville, (COUNTY) Pr. Geo. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 11- 19- 49 2.25 P m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Hit by automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney, M.D. (Degree or title) Dep. Med. Exam. ADDRESS Cheverly-Hyattsville, Md DATE SIGNED 11-20-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 22-1949
NAME OF CEMETERY OR CREMATORY Ivy Hill
LOCATION (City, town, or county) Laurel, Md (State)
DATE REC'D BY LOCAL REG. Nov 20, 1949
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

10960

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham
LENGTH OF STAY (in this place) 18 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham
STREET ADDRESS (If rural, give location) RFD

3. NAME OF DECEASED (Type or Print) (First) Lealand (Middle) Stanford (Last) Cashwell
4. DATE OF DEATH (Month) Nov. (Day) 5th (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 6/30/1888
9. AGE last birthday 61 pm yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Daniel James Cashwell
14. MOTHER'S MAIDEN NAME Dove Jane Baxley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Virgel W. Cashwell (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

890.0 Immediate cause (a) Asphyxia

178 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carbon Monoxide poisoning

(c) Inhalation of coal oil fumes.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Lanham (COUNTY) Pr. Geo. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 11-5-49 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Inhalation of coal oil fumes.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John T. Maloney, M.D. Dep. Med Exam - Cheverly - Hyattsville, Md 11-7-49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 11/7/49
NAME OF CEMETERY OR CREMATORY UNKNOWN
LOCATION (City, town, or county) (State) PARKTON, N.C.

DATE REC'D BY LOCAL REG. Nov. 7, 1949
REGISTRAR'S SIGNATURE Mrs Jas. Severe Deputy. Carrie F. Campbell
24. FUNERAL DIRECTOR ADDRESS W.W.Chambers Company, Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

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BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

10961

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

I

T

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale
LENGTH OF STAY (in this place): 5yrs., 4mos., 0days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3240 - N. St. N. W. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANK	D	CLARKE	11	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	May 10, 1886	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Upholsterer		Sykesville, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert R. Clarke	Lavinia Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	None	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	54 yrs 8 mos
002 136	(c) Diabetes Mellitus	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6/28, 19 44 to 11/5, 19 49, that I last saw the deceased alive on 11/5, 19 49, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.	Glenn Dale Sanatorium, Glenn Dale, Maryland	11/5/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-8-1949	Springfield	Sykesville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/5/49	Rowland S. Phelps	L. M. Coale	Winfield Md.

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NOV 15 1949
BUREAU V. S.

10962

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beltsville Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lottie (Middle) (Last) Crump

4. DATE OF DEATH (Month) 11 (Day) 16 (Year) 1949

5. SEX F
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan-22 1878
9. AGE last birthday 71 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Beltsville Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Agustus Ross
14. MOTHER'S MAIDEN NAME Sarah Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT John H. Crump. Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertension, apoplexy, Heart failure — 3 Mos.

260 Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 Yrs.

(c) Diabetes Mellitus — 10 Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/30, 1939, to 11/16, 1949, that I last saw the deceased alive on 11/18, 1949, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE J M Warren (Degree or title) ADDRESS Laurel Md DATE SIGNED 11/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 11-19-1949
NAME OF CEMETERY OR CREMATORY Queens Chapel
LOCATION (City, town, or county) (State) Murkirk Maryland

DATE REC'D BY LOCAL REG. November 16-49
REGISTRAR'S SIGNATURE John D. Smith
24. FUNERAL DIRECTOR Henry S. Washington + Sons
ADDRESS 467 N st. N.W. D.C.

M

I

T

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10963

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn-Riverdale, Md | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Ge.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Rd
STREET ADDRESS (If rural, give location) 5900 Berwyn Rd.

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) Elizabeth (Last) Dant

4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 49 19

5. SEX F. | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 8-20-49 | 9. AGE last birthday 3 m 0 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Russell Ernest Dant

14. MOTHER'S MAIDEN NAME Mary Evelyn Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Glomerular Nephritis — Interval between onset and death: 3 days

770.0 Antecedent cause(s) (b) Generalized edema — 2 days

161c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) with Myocardial involvement ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY: (Month) 11 (Day) 13 (Year) 49 (Hour) 6 a.m. 13 | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Birth, 19..... to 11-13, 1949, that I last saw the deceased alive on 11-13, 1949, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L W Malin M D | ADDRESS Riverdale Md | DATE SIGNED 11-13-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE 11-14-1949 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Lanham Md

DATE REC'D BY LOCAL REG. Nov 13, 1949 | REGISTRAR'S SIGNATURE James Berry Dpty | 24. FUNERAL DIRECTOR Robert A Mattingly | ADDRESS Davis 2 R

RECEIVED
NOV 15 1940
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10964

Reg. Dist. No. 234

1. PLACE OF DEATH
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Hill | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9222 Old Fort Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Hill
STREET ADDRESS (If rural give location) 9222 Old Fort Rd.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Delaney.

4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: about 1874 ?

9. AGE last birthday: ? 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Prince George County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Jane ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None | (If year, give wer or detes of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Viola S. Brooks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease

420.0

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, ferm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Dey) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 12, 1949, to Nov. 19, 1949, that I last saw the deceased alive on Nov. 16, 1949, and that death occurred at 12 20/60 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Percival C. Smith Jr. M.D. Indian Head Md. Nov. 19, 1949

23. BURIAL, CREMATION REMOVAL (Specify) | DATE 11-23-49 | NAME OF CEMETERY OR CREMATORY Chapel Md. | LOCATION (City, town, or county) (State) Chapel Hills Md

DATE REC'D BY LOCAL REG. 11-19-49 | REGISTRAR'S SIGNATURE Mrs Alton Davis | 24. FUNERAL DIRECTOR John J Parker & Co | ADDRESS 901-3rd S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 25 1949
U. S. ARMY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10965

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY PRINCE GEORGES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GREENBELT — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13-E PARKWAY

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GREENBELT
STREET ADDRESS (If rural give location) 13-E PARKWAY

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) — (Last) DIGGS

4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 1949

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Apr. 7, 1898

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Librarian

10b. KIND OF BUSINESS OR INDUSTRY: University of Md.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Kaufman Diggs

14. MOTHER'S MAIDEN NAME: Isabella Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Carl Shaffer - 3434 Lyndale Ave. 13

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

241 Immediate cause (a) PULMONARY EMBOLISM — 30 MIN.

Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) BRONCHIAL ASTHMA — 10 YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS - HYPERTENSION — 15 YEARS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCTOBER 1945, to NOV. 16., 1949, that I last saw the deceased alive on NOV. 3, 1949, and that death occurred at 6:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis Mendel, M.D. College Park, Md 11/16/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 11/19/49 — NAME OF CEMETERY OR CREMATORY: Moreland Memorial — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG. 11-18-49 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. — ADDRESS: North & Broadway

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10965

Reg. Dist. No. 232

1. PLACE OF DEATH:

County: Prince George's

City or town: Croom Station, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: P. G.

City or town: Rural - Croom Station, Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Mt. Calvert

(If rural, give LOCATION)

2.(a) If veteran, name war: Spanish American

3.(a) FULL NAME: Everett Dufour

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Bernice T. Dufour

6.(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): Mar 15, 1875

8. AGE: Years: 74 | Months: 8 | Days: 5 | If less than one day: hrs. min.

9. Birthplace: Hyattsville P.G. Co. Md (Town, county, and state)

10. Usual occupation: Lawyer (Ret'd)

11. Industry or business: U.S. Govt.

FATHER — 12. Name: John Fenwick Ruter Dufour

FATHER — 13. Birthplace: Washington D.C.

MOTHER — 14. Maiden name: Flavia Everett

MOTHER — 15. Birthplace: Maryland

16. Informant: Bernice T. Dufour

Address: Croom Station, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11 (month) 22 (day) 49 (year)

Cemetery or crematory: Glenwood

Location: Lincoln Road N.E.

18. Funeral director: Ritchie Bros. Funeral Home

Address: Upper Marlboro Maryland

19. NOV 22 1949 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 20 Nov 19 49 at 6 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 48 19 to 20 Nov 19 49 and that I last saw h. alive on 20 Nov 19 49

Immediate cause of death	DURATION
Coronary Thrombosis	2 hrs.
Due to: Arteriosclerosis generalized	Yrs.
Due to:	
Other conditions	

H20.1
94a

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Robert B. Lanier M. D. or other

Address: Upper Marlboro, Md. Date signed: 20 Nov 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 23 1969

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10967

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural); LENGTH OF STAY (in this place) 4 mo., 18 da; HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 1436- R. St., N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) Rocklin (Middle) (Last) DUKE

4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 31, 1895

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles H. Duke

14. MOTHER'S MAIDEN NAME: Mary McCamm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 579-05-8692

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardiovascular Disease	9 Mo
002 Antecedent cause(s)		
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	9 Mo
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22, 1949, to Nov 10, 1949, that I last saw the deceased alive on Nov 9, 1949, and that death occurred at 3 : A .m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Daniel Leo Finucane M.D., Glenn Dale Sanatorium, Glenn Dale, Maryland 11-10-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal Wash DC | DATE 11-10-49 | NAME OF CEMETERY OR CREMATORY: Washington National Cem. | LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG. 11/11/49 | REGISTRAR'S SIGNATURE: Rowland S. Phillips | 24. FUNERAL DIRECTOR: W W Chambers Co | ADDRESS: 1450 Chapin St. N.W. Washington, D.C.

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NOV 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10968

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH:

County Prince George

City or town Naylor, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? —

Hospital, institution, or street address where death occurred: home address

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George

City or town Naylor, Maryland
(If outside city or town limits, write RURAL and give nearest town)

Street No. Naylor, Maryland
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME William E. Duvall, Sr.

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Anna W. Duvall

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 22, 1869

8. AGE: Years 79 Months 10 Days 16 If less than one day ..... hrs. ..... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: ~~retired~~ farmer

11. Industry or business: farmer (retired)

FATHER
12. Name: William E. Duvall
13. Birthplace: Maryland

MOTHER
14. Maiden name: Maria Bourne
15. Birthplace: Maryland

16. Informant: Mrs. Ruth D. Downing
Address: Naylor, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 10, 1949 (month) (day) (year)

Cemetery or crematory: St. Thomas Episcopal

Location: Croom, Maryland

18. Funeral director: Ritchie Bros.
Address: Upper Marlboro, Md.

19. Nov 10 1949 (Date rec'd by registrar) R. Cruz Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 8 1949, at 1:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1948 ~~19~~, to Nov 1949 and that I last saw him alive on August 1949

Immediate cause of death: Coronary thrombosis

Due to: Generalized arteriosclerosis

Due to:

Other conditions: —

420.1
94a

(Include pregnancy within 3 months of death)

DURATION: 5 years

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Alfred R. Lapin M.D. or other

Address: Aquasco Date signed: Nov 8, 1949

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 11 1949
BUREAU V. S.

Evidence for addition of #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10969

Reg. Dist. No. 242

FILM No. G 125 JAN 3 1950

1. PLACE OF DEATH: COUNTY Prince Georges County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Andrews Air Force Base
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary Andrews Air Force Base, Washington D.C.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Alabama COUNTY Unknown
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prichard
STREET ADDRESS (If rural give location) 306 E. Turner Road

3. NAME OF DECEASED (Type or Print): (First) Claire (Middle) J. (Last) Erpelding
4. DATE OF DEATH: (Month) November (Day) 21, (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 15 January 31
9. AGE last birthday: 18 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: USAF
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? Yes
13. FATHER'S NAME: Dr John J. Erpelding
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Present
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Service Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation, due to hanging. (12/22/49 - ams)

974 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

164a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) [illegible]
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY [illegible] (CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) [illegible]
TIME OF INJURY (Month) (Day) (Year) (Hour): 21 Nov. m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19——, to ——, 19——, that I last saw the deceased alive on ——, 19——, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr McKiell Jr. (M.D.) ADDRESS 111 Nash (Wash) DATE SIGNED 21 Nov 1949

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): BURIAL
DATE THEREOF: Nov. 28, 1949
NAME OF CEMETERY ~~OR CREMATORY~~: ARLINGTON NATIONAL
LOCATION (City, town, or county) (State): ARLINGTON, VA.

DATE REC'D BY LOCAL REG. 2 Nov '49
REGISTRAR'S SIGNATURE: Karl Glossman
24. FUNERAL DIRECTOR: W. W. Chambers Co
ADDRESS: 377 11th St. S.E. WASH. D.C.

X X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 9 1949
BUREAU V. S.

10970

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY PRINCE GEORGES, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVERDALE, Md.
LENGTH OF STAY (in this place) 143 DAYS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS LELAND MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
STREET ADDRESS (If rural, give location) 416 Montgomery STREET

3. NAME OF DECEASED (Type or Print) (First) CARRIE (Middle) BELLE (Last) EVERHART
4. DATE OF DEATH (Month) Nov. (Day) 24, (Year) 1949
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH Nov. 7, 1896
9. AGE last birthday 53 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER.
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) RANDOLPH Co., NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME LEE WELBORN
14. MOTHER'S MAIDEN NAME REBEECA ELLEN POWELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service) —
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS LELAND MEM. Hospital RECORDS, RIVERDALE, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260 Immediate cause (a) Diabetic Coma

Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetic - Hypertensive Heart

(c) Disease - Chronic Interstitial Nephritis — Years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 10/1/49
19b. MAJOR FINDINGS OF OPERATION Diabetic Gangrene
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 1948, to 11/, 1949 that I last saw the deceased alive on 11/24, 1949, and that death occurred at 1:50 A.m., from the causes and on the date stated above.

SIGNATURE N B Stewart (Degree or title) ADDRESS 322 Pr Geo St Laurel DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov. 28, 1949
NAME OF CEMETERY OR CREMATORY Arlington National Cem.
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. Nov. 26 1949
REGISTRAR'S SIGNATURE Mrs. Jas Severe Deputy
24. FUNERAL DIRECTOR De Witt Donaldson Laurel ADDRESS Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10971

CERTIFICATE OF DEATH

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hollywood
LENGTH OF STAY (in this place): 3 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4706 Hollywood Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berwyn
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) LEONHARD (Middle) (NMI) (Last) EXEL

4. DATE OF DEATH: (Month) Nov. (Day) 27, (Year) 19 49

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ~~MARRIED~~

8. DATE OF BIRTH: Nov. 21, 1874

9. AGE last birthday: 75 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookbinder (Ret.)

10b. KIND OF BUSINESS OR INDUSTRY: A. Zichtl & Co.

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: LEONHARD EXEL

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: Yes

17. INFORMANT: Mrs. Elizabeth L. Kaes (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 **Immediate cause** (a) Cerebral accident — Interval between onset and death: 13 days

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, essential — ? years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14, 1949, to 11/27, 1949, that I last saw the deceased alive on 11/27, 1949, and that death occurred at 10:05a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. Louis Mendel, M.D. — ADDRESS: 4506 College Ave., College Pk. Md. — DATE SIGNED: 11/29/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: Nov. 30, 1949 — NAME OF CEMETERY OR CREMATORY: PROSPECT HILL CEMETERY — LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: Nov 27-1949 — REGISTRAR'S SIGNATURE: John D. Smith

24. FUNERAL DIRECTOR — ADDRESS: W. W. CHAMBERS CO., Riverdale, Md.

RECEIVED
NOV 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10972

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (In this place): 6da 22hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George's Gen'l Hosp. Add

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beewyn — GENERAL
STREET ADDRESS (If rural, give location): 8912 Rhode Island Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Paizey	W	Farnham	11	12	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	W	March 22 1871	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
H.W.			

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Vincent Wulfong	Swindell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock from removal of Adenoma

251 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) of Thyroid (Substernal)

630 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-5, 1949, to 11-12, 1949, that I last saw the deceased alive on 11-12, 1949, and that death occurred at 12 Noon, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

A Dertz M.D. Hyattsville, Md. 11-12-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 15, 1949	Evergreen	Bladensburg Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
11/14/49	Amanda Downey	F. Gaeta Sons Hyattsville Md

RECEIVED
NOV 17 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10973

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro; LENGTH OF STAY (In this place) Trans.; HOSPITAL OR INSTITUTION OR STREET ADDRESS State Road Garage

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr. Geo; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Fisher

4. DATE OF DEATH: (Month) 11 (Day) 21 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid

8. DATE OF BIRTH: 11/23/93

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock clerk

10b. KIND OF BUSINESS OR INDUSTRY: State Roads

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Fisher

14. MOTHER'S MAIDEN NAME: Fannie Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Fannie M Fisher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia

973 / 163M Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute carbon monoxide poisoning

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY In place of death (CITY OR TOWN) Upper Marlboro (COUNTY) P. G. (STATE) Md.

TIME OF INJURY (Month) (Dey) (Year) (Hour) 10/20/49 m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? Ran exhaust into car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐ homicide ☐, undetermined ☐.*

SIGNATURE James S. Boyd (Degree or title) M. D. ADDRESS Forestville, Md. DATE SIGNED 11/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF 11/23/49; NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery; LOCATION (City, town, or county) AA County (State) Md.

DATE REC'D BY LOCAL REG. Nov 23 1949; REGISTRAR'S SIGNATURE R Lee Smith

24. FUNERAL DIRECTOR Ritchie Brothers; ADDRESS Upper Marlboro Md

NOV 25 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10974

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS University Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) University Lane

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Wesley (Last) Fisher

4. DATE OF DEATH: (Month) Nov (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 12 1878

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Snyder County, Pa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abel Fisher

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Edith Fisher - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

131a (b) Aortic Stenosis

(c) Cardiovascular renal disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7 00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney M.D. Dep Med Exam Cheverly Hyattsville, Md 11-25-49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Transportation | Nov 26, 1949 | Katzerville Cem | Katzerville Pa

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE

Nov 25 1949 | James Seney

24. FUNERAL DIRECTOR | ADDRESS

E. Gascho Son Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10975

CERTIFICATE OF DEATH

Reg. Dist. No. 230

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: PRINCE GEORGE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BELTSVILLE
LENGTH OF STAY (in this place): 25 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: PRINCE GEORGES ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BELTSVILLE
STREET ADDRESS (If rural give location): PRINCE GEORGES ROAD

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) D. (Last) FLETCHER

4. DATE OF DEATH: (Month) NOV (Day) 19 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 5 APR 1874

9. AGE last birthday: 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): GOVERNMENT EMPLOYEE

10b. KIND OF BUSINESS OR INDUSTRY: US GOVT

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES W. FLETCHER

14. MOTHER'S MAIDEN NAME: CATHERINE WINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NO

17. INFORMANT: YOUNGEST SON (KORNAN N. FLETCHER)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): CORONARY OCCLUSION C — INTERVAL BETWEEN ONSET AND DEATH: 1½ HRS

420.1 Antecedent cause(s)

LEFT SIDED HEART FAILURE

940a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): ARTERIO SCLEROSIS

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: INFLUENZA

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Oct., 1949, to 19 Nov., 1949, that I last saw the deceased alive on 19 Nov., 1949, and that death occurred at 11:20 P m., from the causes and on the date stated above.

SIGNATURE: Thomas R. Wakefield (Degree or title) MD

ADDRESS: 332 Prince George St. Laurel

DATE SIGNED: 19 Nov 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Nov. 22, 1949

NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery

LOCATION (City, town, or county) (State): Prince George County, Maryland

DATE REC'D BY LOCAL REG.: November 21-49

REGISTRAR'S SIGNATURE: John D. Smith

24. FUNERAL DIRECTOR: Wagner & Murphy, Inc.

ADDRESS: Silver Spring, Md.

RECEIVED
FEB 23 1949
U. S. A.

10976

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forestville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE maryland COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Forestville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) FREDERICK (Middle) MAXWELL (Last) FLOWERS

4. DATE OF DEATH (Month) Nov. (Day) 30th (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 10/22/69
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Charles Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas J. Flowers
14. MOTHER'S MAIDEN NAME Angeline Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs Margaret P. Moore (niece)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxemia

572.3 Antecedent cause(s)

120a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic diarrhea

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1949, to Nov 30, 1949, that I last saw the deceased alive on Nov 29, 1949, and that death occurred at 9:00 p m., from the causes and on the date stated above.

SIGNATURE James J. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 12-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 12/3/49 NAME OF CEMETERY OR CREMATORY Methodist Church LOCATION (City, town, or county) Forestville (State) Md.

DATE REC'D BY LOCAL REG. Dec. 1-1949 REGISTRAR'S SIGNATURE Edna F. Collins
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517 11th St S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10977

Reg. Diat. No. 232

1. PLACE OF DEATH:
County Prince Georges County
City or town Clinton (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Prince Georges
City or town Clinton (If outside city or town limits, write RURAL and give nearest town)
Street No. Old Friendly Road. (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Henry Harrison Garner

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	widowed

6.(b) Name of husband or wife Addie Cornelia Garner
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 11 1868

8. AGE: Years 81 | Months 4 | Days 27 | If less than one day ... hrs. ... min.

9. Birthplace Prince Geo. Co., Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Robert Benjamin Garner
13. Birthplace Maryland

MOTHER
14. Maiden name Mary Ann Rawlings
15. Birthplace Maryland

16. Informant Bertie Garner
Address Clinton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 11, 1949 (month) (day) (year)
Cemetery or crematory Epiphany Episcopal
Location Forestville, Md.

18. Funeral director Ritchie Bros.
Address Upper Marlboro, Md.

19. Nov 9 1949 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1949 at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 13 1949, to Nov 8 1949
and that I last saw him alive on Nov 6 1949

Immediate cause of death	DURATION
Coronary occlusion	1 hr.
Due to General Arteris Sclerosis and	unknown
Due to Chronic myocarditis	
Other conditions none	
420.1	
93d (Include pregnancy within 3 months of death)	

Major findings of operations — Date of op.
Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Natural Causes Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE Paul Stanton Kaltt M. D. or
Address Washington 12 D.C. Date signed Nov 9, 1949.

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct and complete. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 17 1980
BUREAU OF L. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10978

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Prince George's; STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale
   LENGTH OF STAY (in this place): 6mos., 6days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: D. C.; COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
   STREET ADDRESS (If rural, give location): 1835 Otis St. N. E. ✓

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) (Last) GOVER

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 16, 1866

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ? (retired)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Prince George's Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Gover

14. MOTHER'S MAIDEN NAME: Elizabeth Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
   (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 9 months

002 Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1949, to Nov 12, 1949, that I last saw the deceased alive on Nov 12, 1949, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Leo Finucane M.D.

ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland

DATE SIGNED: 11/12/49

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE: Nov. 15, 1949

NAME OF CEMETERY OR CREMATORY: Congressional Cemetery

LOCATION (City, town, or county) (State): Washington D.C.

DATE RECD BY LOCAL REG.: 11/14/49

REGISTRAR'S SIGNATURE: Rowland S. Pluijm

24. FUNERAL DIRECTOR: W. W. Chambers Co.

ADDRESS: 517-11th St., SE. Wash, D.C.

RECEIVED
NOV 22 1949
BUREAU V. S.

0979

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Geo. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton
LENGTH OF STAY (in this place) 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) E. B. (Last) CONNICK HAGER

4. DATE OF DEATH (Month) Nov. (Day) 13th (Year) 1949

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 11/12/1895
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Washington, Dc
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamin B. Connick
14. MOTHER'S MAIDEN NAME Mathilda Mae Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT Daniel B. Hager (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
170	Immediate cause	(a) Coronary Thrombosis	immediate
50	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic carcinoma of lungs?	
		(c) Carcinoma of left breast	6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Clinton, (COUNTY) Pr. Geo., (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12, 1949, to 11-13, 1949, that I last saw the deceased alive on 11-12, 1949 and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE John P. D'Hoyt (Degree or title) M.D. ADDRESS 4223 Silver Hill Rd. DATE SIGNED 11-13-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 11/16/49
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. Nov. 14-1949
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517 11th St SE Dc

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 17 1949
U.S. ARMY

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245 ~~10980~~ ~~205~~

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4401-41st, Brentwood Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ada. (Middle) (Last) Hamilton
4. DATE OF DEATH (Month) 11 (Day) 3 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) Widowed
8. DATE OF BIRTH 6/30/69
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Pr. Geo. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Thomas B. Smoot
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Earl Hamilton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
332 Immediate cause	(a) Cerebral Thrombosis	15 days
836 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility — 2 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-17, 1949, to 11-3, 1949 that I last saw the deceased alive on ~~10-21~~ (U.S.) 1949, and that death occurred at 4:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. B. Mongers M.D. 3303 Very St. Mt. Rainier Md. 11-3-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/5/49
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Md

DATE REC'D BY LOCAL REG. 11-4-49 11-8-49
REGISTRAR'S SIGNATURE M. L. Monroe James Sevy
24. FUNERAL DIRECTOR ADDRESS Hunt & Ryon, Waldorf, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1981

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 6806 Dartmouth Ave

3. NAME OF DECEASED (Type or Print): (First) EDITH (Middle) SMITH (Last) HARRIS

4. DATE OF DEATH: (Month) Nov (Day) 19, (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 6/14/1893

9. AGE last birthday: 56 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): New York City

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: william smith

14. MOTHER'S MAIDEN NAME: anne wishart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Edith Ann Taft

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis, generalized & Rt. hydrothorax — 1 yr.

170 Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Recurrent + metastatic breast carcinoma — 6 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/29, 1949, to 11/19, 1949, that I last saw the deceased alive on 11/19, 1949, and that death occurred at 11:55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

W Ecker M. D. — 1725 - N St. N.W. (D.C.) — 11/20/49

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE: Nov 20, 1949 — NAME OF CEMETERY OR CREMATORY: U. S. Crematory — LOCATION (City, town, or county) (State): Fresh Pond Li New York

DATE REC'D BY LOCAL REG.: Nov. 20, 1949 — REGISTRAR'S SIGNATURE: Mrs Jos. Severe (Deputy) — 24. FUNERAL DIRECTOR — ADDRESS: Hyattsville Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10982

Reg. Dist. No. 342

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Prince Georges
City or town: Seat Pleasant (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 43 years
Hospital, institution or street address where death occurred: Addison Road,
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: Seat Pleasant (If outside city or town limits, write RURAL and give nearest town)
Street No.: Addison Road (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Addie Harrod,

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife: Thomas Harrod,
6.(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): June 16, 1883.

8. AGE:

Years	Months	Days	If less than one day
66	4	17	hrs. min.

9. Birthplace: Oakland, Pr. Geo. Co. Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own home
12. Name of father: Julius Nichols
13. Birthplace of father: Pr. Geo. Co. Md.
14. Maiden name of mother: Lucy Herbert,
15. Birthplace of mother: St. Marys Co. Md.
16. Informant: Thomas Harrod, (Husband)
Address: St. Pleasant, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11 (month) 6 (day) 49 (year)
Cemetery or crematory: Ridgely Cem.
Location: Seat Pleasant Md
18. Funeral director: John J. Stewart
Address: 36. H St N.E
19. 11-2 19 49 (Date rec'd by registrar) Carrie J. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 2, 1949, at 3:15 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12 1947, to Nov. 2 1949, and that I last saw h.er alive, on Nov. 2 1949.

	DURATION
Immediate cause of death: Hypertensive cardio Vascular Disease,	3 Years
Due to: Hypertension,	
Due to: Chronic nephritis	
Other conditions: 442	
1316	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. C. Beldon, M.D. M. D. or other
Address: 423 47th Pl. N.E. Date signed: 11-2-49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10983

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md.
STREET ADDRESS (If rural, give location) 4304 Oliver St.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) C. (Last) HATTON
4. DATE OF DEATH: (Month) Nov. (Day) 17, (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 6/6/72
9. AGE last birthday: 77 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Government Retd.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): N. J.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Hatton
14. MOTHER'S MAIDEN NAME: Case

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute myocardial failure — Interval between onset and death: 1 day

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary sclerosis, generalized — 15 yrs

(c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4, 1947, to 11-17, 1949, that I last saw the deceased alive on 11-17, 1949, and that death occurred at 3:31 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John P. Clum M.D. | ADDRESS Hyattsville Md | DATE SIGNED 11-17-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Nov 19, 1949 | NAME OF CEMETERY OR CREMATORY Glenwood Cemetery | LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. Nov 17, 1949 | REGISTRAR'S SIGNATURE James Seery

24. FUNERAL DIRECTOR | ADDRESS J. William Lee & Son Co. 300 4½ St. N.E. Wash. D.C.

RECEIVED
NOV 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10984

Reg. Dist. No. 245

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edmonston Md — LENGTH OF STAY (in this place): 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edmonston
STREET ADDRESS (If rural, give location): 4914 Decatur st

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Ena Heitzman
4. DATE OF DEATH (Month) (Day) (Year): Nov 15, 1949

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: sept 25, 1862
9. AGE last birthday: 87 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penna
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mrs Florence Reed Edmonston Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Clr myocarditis

592 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Clr Dust nephr

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. no

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept 1, 1949, to Nov 13, 1949, that I last saw the deceased alive on Nov 13, 1949 and that death occurred at 9.10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS: C. Beene Bowie M.D. — DATE SIGNED: 11/13/49

23. BURIAL, CREMATION REMOVAL (Specify): transportation
DATE: Nov 17, 1949
NAME OF CEMETERY OR CREMATORY: Forks Church Cemetery
LOCATION (City, town, or county) (State): Easton, Pa

DATE REC'D BY LOCAL REG.: Nov. 17, 1949
REGISTRAR'S SIGNATURE: Mrs. Jas. Severe (Deputy)
24. FUNERAL DIRECTOR: F. Gasch's sons — ADDRESS: Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10985

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 4214 43rd Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cora	L.	Hill	Nov.	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Mar. 4, 1886	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Washington D.C.	U.S.A.

13. FATHER'S NAME Harris L. Austin

14. MOTHER'S MAIDEN NAME Martha Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Claude Hill (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Hemorrhage	36 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	2 yrs.?
	(c)	

002
136

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardio Vascular Disease — 5 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-11, 1949, to 11-6, 1949, that I last saw the deceased alive on 11-5, 1949, and that death occurred at 5:40 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W.B. Moyer	M.D.	3303 Rhode Island Ave. Mt Rainier Md.	11-6-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 9/1949	Rock Creek	Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/7/49	Amanda Downey	Deal Funeral Home	4812 Georgia Ave NW Wash D.C.

VS. A15

RECEIVED
OCT 3 1949
U.S. PAT. O.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10986

CERTIFICATE OF DEATH

Reg. Dist. No. 345

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville; LENGTH OF STAY (in this place) 2 Months; HOSPITAL OR INSTITUTION OR STREET ADDRESS 3909 Nicholson ST

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY 1433 Penna. Ave. Wash. D.C.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wash. D.C.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jane (Middle) D. (Last) HILL

4. DATE OF DEATH: (Month) Nov. (Day) 9th (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: MAY 1, 1866

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Davis

14. MOTHER'S MAIDEN NAME: Jane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mary D. Hill - Daughter-in-Law.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	2 days
420.0 Antecedent cause(s)	Congestive Heart Failure	3 weeks
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) generalized Arteriosclerosis: 1) peripheral	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2) cerebral 3) Cardiac

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to Nov, 1949, that I last saw the deceased alive on Nov 9, 1949, and that death occurred at 11:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Benjamin S. Miller MD ADDRESS: 3824-34th St Mt Rainier DATE SIGNED: Nov 10 49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL; DATE: NOV 12, 1949; NAME OF CEMETERY OR CREMATORY: CONGRESSIONAL; LOCATION (City, town, or county) (State): WASHINGTON DC

DATE REC'D BY LOCAL REG.: Nov 10, 1949; REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR: W.W. CHAMBERS CO. ADDRESS: 517 11 St. SE WASHINGTON DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 11 1949
BUREAU V. S.

10987

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH · COUNTY: Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: E. Hyattsville — LENGTH OF STAY (in this place): 2 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: E. Hyattsville Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: -	STREET ADDRESS (If rural, give location): 4702 Edmonston Road.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Florence Elizabeth Honig

4. DATE OF DEATH (Month) (Day) (Year): Nov 1, 1949 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
femlae	white	Married	6/12/1903	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
E. C. Bowersox	Mae Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Mr. Lile Honig

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	Nov. 1-49.
260 Antecedent cause(s)	(b) Malignant Hypertension 280/150	
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Diabetes Mellitus	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18, 1949, to 11-1, 1949, that I last saw the deceased alive on 11-1, 1949, and that death occurred at 11-150 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
George J. Hageage	M.D.	3717-3817 Lne	11-3-49

23. BURIAL CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 5, 1949	Rock Creek	Washington D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 3, 1949	Mrs. Jas. Severe (Deputy)	F. Gasch's Sons Hyattsville Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 4 1960
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH 10988

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Prince Georges; STATE: MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): E. Riverdale; LENGTH OF STAY (In this place): 1 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Browning Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Pr. Georges; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): E Riverdale; STREET ADDRESS (If rural, give location): 5407-56th Place - Apt. 102

3. NAME OF DECEASED (Type or Print): (First) Hilda (Middle) (Last) Hurl

4. DATE OF DEATH: (Month) Pronounced Nov. (Day) 19 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 28. 1921

9. AGE Last birthday: 28 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? England

13. FATHER'S NAME: George Heathe

14. MOTHER'S MAIDEN NAME: Christina Mc Laren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Joshe R. Hurl Husband.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Strangulation

974 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 164a (b) Hanging

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Farm

(CITY OR TOWN) (COUNTY) (STATE): E. Riverdale. Pr. Georges, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 11-17-49 m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Dressed Hanged self with clothes line

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep. Md. Exam. Chevery-Hyattsville, Md - 11-20-49

23. BURIAL, CREMATION REMOVAL (Specify): Transportation

DATE THEREOF: 11/21/49

NAME OF CEMETERY OR CREMATORY: Winnipeg

LOCATION (City, town, or county) (State): Canada

DATE REC'D BY LOCAL REG.: Nov. 21, 1949

REGISTRAR'S SIGNATURE: Mrs. Jas. Severe (Deputy)

24. FUNERAL DIRECTOR: F. Gaschi Sons

ADDRESS: Hyattsville Md

VS. A15A

RECEIVED
NOV 23 1949
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10989

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale; LENGTH OF STAY (in this place) 9 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6109--43rd Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale; STREET ADDRESS (If rural, give location) 6109--43rd Street

3. NAME OF DECEASED (Type or Print): (First) MARION (Middle) Irene (Last) JACOBS

4. DATE OF DEATH: (Month) Nov. (Day) 7th, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct.2/1903

9. AGE last birthday: 46 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Jahoda

14. MOTHER'S MAIDEN NAME: Emma Graef

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: William H. Jacobs, Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002 Immediate cause	(a) Pulmonary Hemorrhage	few minutes
Antecedent cause(s)		
136 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1st, 1946., to Nov. 7, 1949., that I last saw the deceased alive on Oct 25, 1949., and that death occurred at 10:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Malvern F. Lent md — ADDRESS: 1746 K St N W D.C. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov.8/1949 — NAME OF CEMETERY OR CREMATORY: Cypress Hills — LOCATION (City, town, or county) (State): New York City, N.Y.

DATE REC'D BY LOCAL REG.: Nov. 8 1949 — REGISTRAR'S SIGNATURE: Mrs. Jas. Devere Deputy

24. FUNERAL DIRECTOR: W.W. Chambers Company, Riverdale, Md. ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10990

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chillum
STREET ADDRESS (If rural give location) 5806 - Chillumgate Rd

3. NAME OF DECEASED (Type or Print) (First) Karl (Middle) J. (Last) Jensen

4. DATE OF DEATH (Month) Nov (Day) 25 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 8/17/49

9. AGE last birthday 3 mo. yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Wash. D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry E. Jensen

14. MOTHER'S MAIDEN NAME Ruth N. Friel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Henry E. Jensen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
325.4	Immediate cause	(a) Bronchopneumonia	2 days
107	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mongolism	2½ mos
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1949, to Nov 25, 1949, that I last saw the deceased alive on Nov 25, 1949, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Samuel M Sugar MD 4300 Kaywood Dr Mt Rainier Md Nov 25 '49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 11/28/49 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery | LOCATION (City, town, or county) (State) Colmar Manor Md.

DATE REC'D BY LOCAL REG. Nov 28/49 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Wm J. Talley - 3200 - R.D ADDRESS Mt. Rainier, Md.

VS. A15

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NOV 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10991

Reg. Dist. No. 243

1. PLACE OF DEATH · COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale
LENGTH OF STAY (in this place): 3mos., 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1021 Kenyon St. N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) Belton (Middle) (Last) King

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married(sep)

8. DATE OF BIRTH: Jan. 2, 1900

9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Williamson, South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jake King

14. MOTHER'S MAIDEN NAME: Dora Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: Lost

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 **Immediate cause** (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 5 months

13b **Antecedent cause(s)**
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 - 15, 1949, to 11 - 2, 1949, that I last saw the deceased alive on 11 - 1, 1949, and that death occurred at 3 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Lee Pinicane M.D.
ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland
DATE SIGNED: 11/2/49

23. BURIAL, CREMATION / REMOVAL (Specify): V
DATE: 11/3/49
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, Town or County) (State): Williston South Carolina

DATE REC'D BY LOCAL REG.: 11/3/49
REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: L. C. Murray & Son
ADDRESS: 1837-18th St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 17 1969
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

10992

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4106 Gallatin St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4106 Gallatin St.

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) (Last) Lauer

4. DATE OF DEATH (Month) Nov. (Day) 12 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept 18 67
9. AGE last birthday 82 yrs. If under 1 year Months 1 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstredd
10b. KIND OF BUSINESS OR INDUSTRY Riznik Tailor
11. BIRTHPLACE (State or foreign country) Washington D.C
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Sevin
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Emelia A. Lynham (Friend)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intestinal haemorrhage	24 hrs
153 Antecedent cause(s)		
46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of intestine	1 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to 11-12, 1949, that I last saw the deceased alive on 11-12, 1949, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE Leon and Hays M.A. (Degree or title) ADDRESS Hyattsville Md. DATE SIGNED 11-13-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov 15,49
NAME OF CEMETERY OR CREMATORY Prospect Hill
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. Nov. 13 1949
REGISTRAR'S SIGNATURE James Sevin
24. FUNERAL DIRECTOR W.W.Chambers Co. ADDRESS Riverdale, Md.

NOV 1[illegible] 19[illegible]
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

10993

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4003 Queensbury Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4003 Queensbury Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cade	William	Leese	Nov.	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	4/16/1885	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Crab Orchid, Ky.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alfred Leese	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Unknown	400-24-2228	Mrs. Ruby Nordstrom (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4/20/1 **Immediate cause** (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

131 a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Malony M.D. Dep Med. Exam.	Cheverly, Hyattsville, Md	11-13-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Nov 15, 49	Prince Edward Co	Farmville, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 14 1949	Mrs. Jas. Severe Deputy	W.W. Chambers Co.	Riverdale Md.

NOV 10 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10994

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md | LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
STREET ADDRESS (If rural, give location) 3605 Hamilton St

3. NAME OF DECEASED (Type or Print): (First) HANNAH (Middle) (Last) LERCH
4. DATE OF DEATH: (Month) Nov (Day) 14, (Year) 1949

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed | 8. DATE OF BIRTH: April 8, 1863 | 9. AGE last birthday: 86 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Alexandria Va | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Lerch | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT AND ADDRESS: Mrs Edward Lanhardt, sr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	1 mo.
Antecedent cause(s)	(b) Coronary occlusion	2 mo.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertension and arteriosclerosis	?

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 13, 1949, to Nov. 14, 1949, that I last saw the deceased alive on Nov. 13, 1949, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Thomas J. Kelly, M.D. | 4001 S. Dakota Ave., N.E. Wash., D.C. | 11/14/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Nov 16, 1949 | NAME OF CEMETERY OR CREMATORY: Prospect Hill | LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: Nov. 16, 1949 | REGISTRAR'S SIGNATURE: Mrs. Jas. Devere (Deputy) | 24. FUNERAL DIRECTOR: F. Sascha Sons | ADDRESS: Hyattsville Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 18 1969
FBI - U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10995

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (In this place) 7yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 904 Jackson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park.
STREET ADDRESS (If rural, give location) 904 Jackson Ave.

3. NAME OF DECEASED (Type or Print): (First) Theresa (Middle) Seivert (Last) Lester
4. DATE OF DEATH: (Month) Nov (Day) 29 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 9, 1869
9. AGE last birthday: 80 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: George Seivert
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Gordon H. Lester

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral compression

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intracranial hemorrhage

(c) Rupture of Circle of Willis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiovascular renal disease

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8:01 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Malonen. M.D. Dep. Med Exam. Chevrolet-Hyattsville, Md. 11-29-49

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation | DATE THEREOF 11-30-49 | NAME OF CEMETERY OR CREMATORY Auburn | LOCATION (City, town, or county) (State) New York

DATE REC'D BY LOCAL REG. 11/29/49 12/2/49 | REGISTRAR'S SIGNATURE Amanda Downey James Seney

24. FUNERAL DIRECTOR The J. H. Hines Co ADDRESS 2901-14th St. N.W. Washington 9, D.C.

RECEIVED
DEC 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10996

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale
LENGTH OF STAY (in this place): 3yrs., 10mos. 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1442 S. St. N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) Wyatt (Middle) C. (Last) Lilly
4. DATE OF DEATH: (Month) 11 (Day) 8 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: August 20, 1914
9. AGE last birthday: 35 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maxton, South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Lilly
14. MOTHER'S MAIDEN NAME: Anna McLain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: 577-18-3922
17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 5 yrs 10 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 002 136

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17, 1946, to 11-8, 1949, that I last saw the deceased alive on 11-7, 1949, and that death occurred at 705 a m., from the causes and on the date stated above.

SIGNATURE: Daniel Lee Finucane (Degree or title) MD — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland — DATE SIGNED: 11/8/49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE: 11/10/49 — NAME OF CEMETERY OR CREMATORY: Morgue District of Columbia — LOCATION (City, town, or county) (State): D.C. Morgue

DATE RECD BY LOCAL REG. 11/8/49 — REGISTRAR'S SIGNATURE: Rowland S. Phillips — 24. FUNERAL DIRECTOR — ADDRESS: Daniel Lee Finucane MD

RECEIVED
NOV 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10997

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale
LENGTH OF STAY (in this place): 2mos., 7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 929 - Liberty St. N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) COLLETTE (Middle) (Last) LINDSEY

4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2/7/1899

9. AGE last birthday: 50 yrs. — If under 1 year: Mooths. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fatcher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Lindsey

14. MOTHER'S MAIDEN NAME: Cornealia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 10 mos

002 Antecedent cause(s)

136 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Diabetis mellitus

(c) Essentrial Hyppertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but oot related to the disease or coodition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/21, 1949, to 11/28, 1949, that I last saw the deceased alive on 11/27, 1949, and that death occurred at 3 30 A m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finnegan (Degree or title) M. D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 11/28/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 11/28/49 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Washington DC

DATE REC'D BY LOCAL REG. 11/28/49 | REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: Barnes & Matthews — ADDRESS: 614-4th St. S.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 5 1949
BUREAU T. S.

10998

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 241

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntsville
LENGTH OF STAY (In this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Marion (Middle) Elizabeth (Last) Marshall
4. DATE OF DEATH (Month) Nov (Day) 17 (Year) 1949
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2-21-42
9. AGE last birthday 7 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Louis Marshall
14. MOTHER'S MAIDEN NAME Josephine Bankhead
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Josephine Marshall - Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

753.1 Immediate cause (a) Chronic spastic paralysis -

157d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral malformation

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney M.D. (Degree or title) Dep. Med Examiner ADDRESS - Cheverly Hy Huntsville, Md DATE SIGNED 11-17-49

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 11-20-1949 NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. Nov. 18-1949 REGISTRAR'S SIGNATURE Carrie F. Campbell. 24. FUNERAL DIRECTOR H. S. Washington & Sons. ADDRESS 467 N ST. NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 21 1969
U.S.G.S.

10999

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 2502 Lake Ave

3. NAME OF DECEASED (Type or Print) (First) Barbara (Middle) Ann (Last) McKenney
4. DATE OF DEATH (Month) Nov. (Day) 24 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct 4, 1949
9. AGE last birthday yrs. If under 1 year Months Days Tuks If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wayne Allen McKenney
14. MOTHER'S MAIDEN NAME Rosa-Hall Baldwin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Rosa-Hall McKenney, Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

924.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suffocation

182 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Cheverly - (COUNTY) Prince Georges (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 11-24-49 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Was placed face down in baby carriage - Found dead 1/2 hr later

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John D. Maloney M.D. Dep. Med. Exam. ADDRESS Cheverly - Hyattsville, Md DATE SIGNED 11-24-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Nov 27 1949 NAME OF CEMETERY OR CREMATORY Baldwin Cemetery LOCATION (City, town, or county) Millersville (State) Md

DATE REC'D BY LOCAL REG. 11/25/49 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR E. Tascha Sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

11000

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Height — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 207 - 61st Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
STREET ADDRESS (If rural give location) 207 - 61st Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Susan	Meadows	Nov	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Dec 8, 1882	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Farm Home	Cumberland Court House Va	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles H. Dumford	Mary Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mr. Richard L. Meadows

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

420.1 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary thrombosis

(c) Cardiovascular renal disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 15, 1949, to Nov 24, 1949, that I last saw the deceased alive on Nov 19, 1949, and that death occurred at 8:10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James L. Boyd	M.D	Forestville Md	11-24-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 26, 1949	Cedar Hill	Suitland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/25/49	Amanda Downey Carrie F. Campbell	F. Gascho's Sons	Hyattsville Md

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DEC 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11001

CERTIFICATE OF DEATH

Reg. Dist. No. 272

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camp Springs | LENGTH OF STAY (In this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5337 Middleton Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camp Springs
STREET ADDRESS (If rural give location) 5337 Middleton Lane

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) Leroy (Last) Middleton

4. DATE OF DEATH: (Month) Nov (Day) 5 (Year) 1949

6. SEX: male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: January 21 1893 | 9. AGE last birthday: 56 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Letter Carrier | 10b. KIND OF BUSINESS OR INDUSTRY: St. Elizabeth Hosp | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas E. Middleton | 14. MOTHER'S MAIDEN NAME: Laura Hoffmeister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mary P. Middleton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 **Immediate cause** (a) Intra-cranial hemorrhage

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1945, to Nov 5, 1949 that I last saw the deceased alive on Nov 5, 1949, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

SIGNATURE: James E. Boyd (Degree or title) M.D. ADDRESS: Forestville Md DATE SIGNED: 11-5-49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: Nov 8, 1949 | NAME OF CEMETERY OR CREMATORY: ST. JOHN'S CEMETERY | LOCATION (City, town, or county) (State): Clinton, Md

DATE REC'D BY LOCAL REG.: Nov 7, 1949 | REGISTRAR'S SIGNATURE: Carrie Campbell | 24. FUNERAL DIRECTOR: W. W. Chambers & Wash, D. C. | ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 10 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH 11002

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
LENGTH OF STAY (In this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 808-61st Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
STREET ADDRESS (If rural, give location) 808-61st Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Walter	Gray	Miller	Nov	27	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	married	June 28, 1917	32 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Lineman		Buckeystown County, Va	U. S. A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Miller	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	160-16-9996	Mrs Virginia May Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive heart failure	
416 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 95b	(b) Rheumatic heart disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd	M.D	Forestville Md	11-27-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 30-1949	Washington National	Suitland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 27-49	Carrie F. Campbell.	W W Chambers Co	5/7 11 St SE Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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NOV 30 1949
BUREAU V. S.

Evidence for addition of 18b shown on:

FILM No. G 123 JAN 4 1950

11003

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23d

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERWYN
LENGTH OF STAY (in this place) 30 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS METZEROTT ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERWYN
STREET ADDRESS (If rural, give location) METZEROTT ROAD

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) JULIAN (Last) MOORE

4. DATE OF DEATH (Month) Nov. (Day) 25 (Year) 1949

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH DEC. 23, 1870
9. AGE last birthday 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HARNESS MAKER
10b. KIND OF BUSINESS OR INDUSTRY RETIRED
11. BIRTHPLACE (State or foreign country) ALEXANDRIA VA.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME CHARLES MOORE
14. MOTHER'S MAIDEN NAME MARIA THOMPSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT MARGUERITE BALL (DAUGHTER)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) GENERALIZED CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH 5 MOS

199.8 Antecedent cause(s)

55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary source unknown - from Biopsy (1/4/50 - as)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APR, 1948, to NOV, 1949, that I last saw the deceased alive on 22 NOV, 1949, and that death occurred at 10 20 A m., from the causes and on the date stated above.

SIGNATURE W. L. Chienne (Degree or title) M.D. ADDRESS College Park, Md DATE SIGNED 11/25/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE NOV 28, 1949
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) (State) Alexandria, Va.

DATE REC'D BY LOCAL REG. NOVEMBER 26
REGISTRAR'S SIGNATURE 49 John D. Smith
24. FUNERAL DIRECTOR W W Chambers Co, Riverdale, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11004

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md.; LENGTH OF STAY (in this place) 3 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Maryland; STREET ADDRESS (If rural, give location) 4205 Jackson St.

3. NAME OF DECEASED (Type or Print): (First) Einar (Middle) (Last) Mortenson

4. DATE OF DEATH: (Month) November (Day) 15, (Year) 1949

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 21, 1896

9. AGE last birthday: 53 yrs.

If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor & Builder

10b. KIND OF BUSINESS OR INDUSTRY: own self

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Emanuel Mortenson

14. MOTHER'S MAIDEN NAME: Thomassen, Marie.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. Vera Mortenson (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Acute congestive heart failure	1 hour
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute myocardial infarction	8 hours
		(c)	

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive heart disease — years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14, 1949, to Nov. 14, 1949, that I last saw the deceased alive on Nov. 14, 1949, and that death occurred at 8:35a m., from the causes and on the date stated above.

SIGNATURE: Ronald S. Fleischer (Degree or title) M.D. ADDRESS 5932 Queens Chapel Rd Hyattsville Md DATE SIGNED 11-15-49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 11/18/49 | NAME OF CEMETERY OR CREMATORY: Ft Lincoln | LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG. 11/17/49 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR ADDRESS: F Gaschsons Hyattsville Md

VS. A15

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NOV 19 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

11005

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
LENGTH OF STAY (in this place): 19
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6308--47th Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
STREET ADDRESS (If rural, give location): 6308--47th Ave.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) BRENTON (Last) MOSHER

4. DATE OF DEATH: (Month) Nov. (Day) 8th. (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 15th, 1872

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proof Reader (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Gov't Pr. Office

11. BIRTHPLACE (State or foreign country): Conn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Mosher

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Myra M. Carswell (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Acute Coronary Obstruction — Interval between onset and death:

Antecedent cause(s)

934 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Congestive Heart Failure — ?

(c) Generalized Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20, 1949, to Nov. 8, 1949, that I last saw the deceased alive on Nov. 8, 1949, and that death occurred at 7:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): David A. Clayman M.D

ADDRESS: 6311 Baltimore Av. Riverdale Md

DATE SIGNED: 11/9/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Nov. 11/1949

NAME OF CEMETERY OR CREMATORY: Fort Lincoln

LOCATION (City, town, or county) (State): Colmar Manor, Maryland

DATE REC'D BY LOCAL REG.: Nov 9 1949

REGISTRAR'S SIGNATURE: Mrs. Jas. Severe Deputy

24. FUNERAL DIRECTOR: W.W. Chambers Company,

ADDRESS: Riverdale, Md.

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NOV 11 1949
BUREAU V. S.

11006

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH · COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (in this place) 43 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hospital	STREET ADDRESS (If rural, give location) 3725 12th St., N. E. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lillian	Virginia	O'Dougherty	Nov.	4	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	Dec. 17, 1890	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Civil Service	Arlington, Virginia	America

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Idaho Greer	Anna Josephine O'Laughlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no		–	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151 Immediate cause (a) Carcinoma of Stomach — 1 yr.

Antecedent cause(s)

46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Oct. 6, 1949	Carcinoma of Stomach and Liver	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 9-22, 1949, to 11-4, 1949, that I last saw the deceased alive on 11-4, 1949, and that death occurred at 7:40 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. J. Lilly	M.D.	4407 Queensberry Rd. Riverdale, Md	11-4-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov 7, 1949	Mt Olivet Cemetery	Washington DC	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 4, 1949	James Devey	S.H. Hines Co.	2901 14th St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV 7 1949
BUREAU V. S.

11007

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Md
LENGTH OF STAY (In this place) 7yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Md
STREET ADDRESS (If rural give location) 4416 Colesville Rd

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) EDWARD (Last) PRICE
4. DATE OF DEATH: (Month) Nov (Day) 15, (Year) 1949
5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 7/18/1872
9. AGE last birthday: 77 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Painter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Wm Price
14. MOTHER'S MAIDEN NAME: Rebecca White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY No.: none
17. INFORMANT: Mrs Lillian Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Oedema	14 days
Antecedent cause(s) 002 136 — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic bronchiectasis	10 years
	(c) Chronic pulmonary tuberculosis	25 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12, 1948, to 11/15, 1949, that I last saw the deceased alive on 11/15, 1949, and that death occurred at 12:50 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis Mendel M.D. College Park Md 11/16/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE Nov 18/1949
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) (State) Washington Dist

DATE REC'D BY LOCAL REG. Nov. 16, 1949
REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy)
24. FUNERAL DIRECTOR F. Tasch's Sons ADDRESS Hyattsville Md

VS. A15

11008

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Branchville Md
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Branchville Md
STREET ADDRESS (If rural, give location) Branchville Rd

3. NAME OF DECEASED (Type or Print) (First) Daniel (Middle) Nettleton (Last) Prosser
4. DATE OF DEATH (Month) Nov (Day) 4 (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 7/20/1864
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Printer
10b. KIND OF BUSINESS OR INDUSTRY Govt Printing Office
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles Prosser
14. MOTHER'S MAIDEN NAME Sarah Nettleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mrs Mary A. Mahoney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ~~Cor~~ CORONARY THROMBOSIS	1 hr
420.0 Antecedent cause(s)	(b) Arterio-sclerotic Heart Dis.	10-15 yr
93d. Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN, 1948, to NOV, 1949, that I last saw the deceased alive on July, 1949, and that death occurred at 10 15 A m., from the causes and on the date stated above.

SIGNATURE W. L. Etienne (Degree or title) M.D. ADDRESS College Park, Md DATE SIGNED 11-4-49

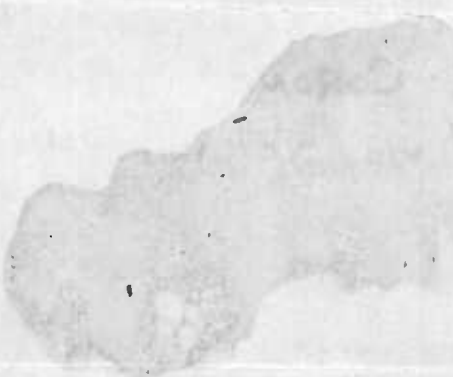
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov 7, 1949
NAME OF CEMETERY OR CREMATORY St Johns Cemetery
LOCATION (City, town, or county) Bettsville, Md (State)

DATE REC'D BY LOCAL REG. NOVEMBER 6-49
REGISTRAR'S SIGNATURE John D. Smith
24. FUNERAL DIRECTOR F. Gasche sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



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NOV 8 1949
BUREAU V. S.

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11009

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH· COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 2 days-19 hrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hospital	STREET ADDRESS (If rural, give location) 4021- 34th street

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) M	(Last) Quail	4. DATE OF DEATH	(Month) November	(Day) 7	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept.5,1870	9. AGE last birthday 79 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dental Tech.	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Portugal	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Hospital Records					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Peritonitis, Toxemia

153 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma, cecum, with perforation

46e (c) Metastases to mesentery and Aortic Nodes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 9-13-49	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Ascending Colon. Multiple metastases	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-3, 1949, to 11-7, 1949, that I last saw the deceased alive on 11-6, 1949 and that death occurred at 3:35 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
U.B. Moyers	M.D.	3303 Perry St Mt. Rainier Md	11-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11/9/49	NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery	LOCATION (City, town, or county) (State) Colmar Manor, Pr.Geo.Md.
DATE REC'D BY LOCAL REG. Nov 9, 1949	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR Wm. J. Nalley	ADDRESS 3200-R.I.Ave.Mt.Rainier,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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11010

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH · COUNTY: Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: D.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural) — LENGTH OF STAY (in this place): 2 yr. 6 mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium /17 da	STREET ADDRESS (If rural, give location): 60- L. St., S.W. ✓

3. NAME OF DECEASED (Type or Print): (First) JACINTO (Middle) A (Last) RHINES

4. DATE OF DEATH: (Month) 11 (Day) 17 (Year) 1949

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 16, 1918

9. AGE last birthday: 31 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab driver & student

10b. KIND OF BUSINESS OR INDUSTRY: –

11. BIRTHPLACE (State or foreign country): Nashville, Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John P. Rhines

14. MOTHER'S MAIDEN NAME: Minnie B. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): –

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary tuberculosis	9 years
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-30, 1947, to 11-17, 1949, that I last saw the deceased alive on 11-17, 1949, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finnecane — (Degree or title): M.D. — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Md. — DATE SIGNED: 11-17-49

23. BURIAL, CREMATION REMOVAL (Specify): removal to Washington DC. — DATE: 11-17-49 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 11/18/49 — REGISTRAR'S SIGNATURE: Rowland S. Philips

24. FUNERAL DIRECTOR: John T Rhines — ADDRESS: 901 2-27 SW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 25 1949
BUREAU V. S.

11011

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
STREET ADDRESS (If rural give location) 4307 Woodbury Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) GEORGE BARTHOLOMEW SARTORIS

4. DATE OF DEATH (Month) (Day) (Year) Nov 19, 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct 20. 1896
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pathologist
10b. KIND OF BUSINESS OR INDUSTRY Bureau Plant Ind
11. BIRTHPLACE (State or foreign country) Oregon
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Lorenza B Sartoris
14. MOTHER'S MAIDEN NAME Maria Garfne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 1918 (If year, give war or dates of service) Yes
16. SOCIAL SECURITY NO. no
17. INFORMANT Mrs Eileen Sartoris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY THROMBOSIS	4 hrs
Antecedent cause(s)	(b) Arteriosclerotic Heart Disease	5-10 yr.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) c̄ CORONARY Insufficiency	

420.0

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Neither
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from JAN, 1947, to NOV, 1949, that I last saw the deceased alive on 19 NOV, 1949, and that death occurred at 5 15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. L. Etienne M.D. ADDRESS College Park, Md DATE SIGNED 11-19-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov 22, 1949
NAME OF CEMETERY OR CREMATORY Arlington
LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REG. Nov. 21, 1949
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy
24. FUNERAL DIRECTOR F. Gasch's sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11012

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek | LENGTH OF STAY (In this place) Swiss
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek —
STREET ADDRESS Calvert Manor (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jean (Middle) Helen (Last) Shifflett
4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: April 10, 1925
9. AGE last birthday: 24 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James D. Owens
14. MOTHER'S MAIDEN NAME: Louise Vanderbeck.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Paul Robert Shifflett. Husband.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Incised wound of neck

(c) Razor blade used as instrument

977
164d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Accokeek (COUNTY) Prince Georges (STATE) Md.

TIME OF INJURY (Month) (Dey) (Year) (Hour) 11 - 16 - 49 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Self inflicted wound of neck.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep. Med. Exam. Cheverly-Hyattsville, Md 11-16-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 11/19/49 | NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem. | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 11/19 | REGISTRAR'S SIGNATURE Mrs. Alton Davis | 24. FUNERAL DIRECTOR Geier Funeral Home. ADDRESS 3605-14th St. N.W.

RECEIVED
DEC 3 1949
BUREAU F. B. I.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11013

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly, Md. — LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: University Park, Maryland
STREET ADDRESS (If rural, give location): 4011 Beechwood Road

3. NAME OF DECEASED (Type or Print): (First) Mabel (Middle) Aerta (Last) Sies
4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1949
5. SEX: F
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Dec. 24, 1888
9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? Ms a
13. FATHER'S NAME: Daniel Teed
14. MOTHER'S MAIDEN NAME: Olive Cox
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.0 Immediate cause (a) Myocardial Insufficiency

1246 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Common duct Obstruction

(c) Portal Cirrhosis - Hepato-Renal Syndrome

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Partial Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1948, to Nov. 3, 1949, that I last saw the deceased alive on Nov. 3, 1949 and that death occurred at 8:25 A.m., from the causes and on the date stated above.

SIGNATURE: A. Deitz (Degree or title) — ADDRESS: Hyattsville Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov 5, 1949 — NAME OF CEMETERY OR CREMATORY: Westminster Cemetery — LOCATION (City, town, or county): Westminster Md (State)

DATE REC'D BY LOCAL REG.: 11/4/49 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F. Tasche Sons — ADDRESS: Hyattsville Md.

RECEIVED
OCT 5 1949
BUREAU V. S.

11014

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laytham-Severn Road 3 miles W. of Bowie

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Arlington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington
STREET ADDRESS (If rural, give location) 3716 - 3rd Street, South ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clyde	Elmer	Slick	Nov.	19	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Sept 2, 1885	64 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Prop. Balt. Seating Co.	Seating	Hagerstown, Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles M. Slick	Katie S. Sales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Harold H. Slick - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage & shock -	
45' 30d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rupture of dissecting aneurysm of abdominal aorta	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiovascular renal disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: noturol causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	M.D. Dep. Med. Exam.	Cheverly-Hyattsville, Md	9/20/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	Nov 20, 1949	Tree Funeral Home	Clarendon Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 20	Amanda Downey	E. Gaschè sons	Hyattsville Md

19 49 Amanda M. Yingling Registrar

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11015

Reg. Dist. No. 244

1. PLACE OF DEATH: COUNTY Prince George Co. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Barnaby | LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5790 - 1st. S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Barnaby
STREET ADDRESS (If rural give location) 5790 - 1st S.E.

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) MINERVA (Last) SMITH

4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 9-1906

9. AGE last birthday: 43 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penn

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Albert Phillips

14. MOTHER'S MAIDEN NAME: Ruth Mae Clarke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. Yes.

17. INFORMANT: Edward George Smith (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Cervix — Interval between onset and death: 2 years +

171 Antecedent cause(s)

48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept. 1948. | 19b. MAJOR FINDINGS OF OPERATION: Ca of Cervix - Radium

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 11, 1947, to Nov 18, 1949, that I last saw the deceased alive on Nov 18, 1949, and that death occurred at 1050 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

James C. Cawood M.D. 7520 Pa. Ave. SE Wash. 20 DC 11/18/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 11/21/49 | NAME OF CEMETERY OR CREMATORY: Wash. Gdns. | LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG.: Nov. 19-49 | REGISTRAR'S SIGNATURE: Carrie F. Campbell.

24. FUNERAL DIRECTOR | ADDRESS: W.W. Chambers Co. 517 11th St. S.E.

RECEIVED
NOV 25 1949

11016

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 15 days, 20hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights
STREET ADDRESS (If rural, give location) 315- 50th Ave.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Squitieri

4. DATE OF DEATH (Month) November (Day) 4 (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH April 14, 1881
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Italy
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Neal Squitieri
14. MOTHER'S MAIDEN NAME Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157 Immediate cause (a) ~~Cons~~ Myocardial Insufficiency, Pulmonary Congestion

46g Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the Pancreas with metastases to Liver + Lungs

(c) Chronic Cholecystitis with Biliary obstruction (cystic duct)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 25, 1948, to Nov 4, 1949, that I last saw the deceased alive on Nov 3, 1949, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE W. Suit Ritchie M.D. (Degree or title) ADDRESS 7005 Ritchie Rd S.E. Wash 19 DATE SIGNED D.C.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 7, 1949
NAME OF CEMETERY OR CREMATORY Wash. Natl.
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. Nov. 4, 1949
REGISTRAR'S SIGNATURE Amanda Deeury
24. FUNERAL DIRECTOR W. W. Chambers ADDRESS 517 11th St. N.W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

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RECEIVED
DEC 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11017

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 10 days, 8 hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital	STREET ADDRESS (If rural, give location) 4107-Nicholson St.

3. NAME OF DECEASED (Type or Print)	(First) Thomas	(Middle) NONE	(Last) Stelle	4. DATE OF DEATH (Month) November (Day) 30 (Year) 1949
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH March 1, 1883	9. AGE last birthday 66 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BANK MESSENGER	10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (State or foreign country) District of Columbia	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME SARGEANT STELLE		14. MOTHER'S MAIDEN NAME IDA MAY STAPLES		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If year, give war or dates of service) NONE	16. SOCIAL SECURITY No. 062-09-3791	17. INFORMANT MRS. BEULAH B. BALDWIN	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Thrombosis of Anterior Cerebral Artery	5 days
	Antecedent cause(s)		
61	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Terminal Bronchial Pneumonia	2 days
		(c) Anterior Septal Coronary Infarction	11 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Probetes Mellitus — 2+ years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-19, 1949, to 11-30, 1949, that I last saw the deceased alive on 11-27, 1949, and that death occurred at 3:05 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. B. Mayers	M.D.	3303 Perry St. Mt. Rainier Md	11-30-49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE DEC 2/49	NAME OF CEMETERY OR CREMATORY CONGRESSIONAL CEM	LOCATION (City, town, or county) (State) WASH. D.C.
DATE REC'D BY LOCAL REG. 11/30/49	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR W. W. CHAMBERS CO	ADDRESS RIVERDALE, MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 2 1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11018

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale, Md. (Rural) — LENGTH OF STAY (in this place) 3 yr., 6mo. 8da	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location) 2610- 10'th, N.E.

3. NAME OF DECEASED (Type or Print)	(First) HARRY	(Middle) A.	(Last) SULLIVAN	4. DATE OF DEATH	(Month) Nov. (Day) 16 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Sept. 17, 1889	9. AGE last birthday 60 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plate printer, Bu. Engrav.	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Washington, D.C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Steven J. Sullivan	14. MOTHER'S MAIDEN NAME Mary A. Ginter				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY No. none	17. INFORMANT AND ADDRESS Decedent			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) Pulmonary Tuberculosis — 43 months

13b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/7, 1949, to 11/16, 1949, that I last saw the deceased alive on 11/16, 1949, and that death occurred at 9 15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.	Glenn Dale Sanatorium Glenn Dale, Maryland	11-16-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE 11/16/49	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REG. 11/17/49	REGISTRAR'S SIGNATURE Rowland S. Phillips	24. FUNERAL DIRECTOR S. H. Hines Co. 2901-14th St. N.W. Washington D.C.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11019

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully; is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5602-16th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, Pr. Georges COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5602-16th Avenue

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) (Last) Danouye, Jr.
4. DATE OF DEATH: (Month) Nov (Day) 17 (Year) 19 49
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 2. 1949
9. AGE last birthday: yrs. 2 2/12 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Harry Danouye, Sr.
14. MOTHER'S MAIDEN NAME: Gwyneth Gilman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Harry Danouye, Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

924.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suffocation in crib

182 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Hyattsville (COUNTY) Pr. Georges (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 11-17-49 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Laid face down on crib mattress.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Exam. Cheverly-Hyattsville, Md 11-17-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/18/49
NAME OF CEMETERY OR CREMATORY: Evergreen
LOCATION (City, town, or county) (State): Bladensburg Md

DATE REC'D BY LOCAL REG. Nov. 18, 1949
REGISTRAR'S SIGNATURE: Mrs. Jos. Lovere (Deputy)
24. FUNERAL DIRECTOR: F. Fascia & Sons
ADDRESS: Hyattsville Md

RECEIVED
OCT 19 1949
BUREAU OF R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11020 Reg. Dist. No. 143

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: (rural) Glenn Dale
LENGTH OF STAY (in this place): 4yrs., 5mos., 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 617 A. Street S. E. ✓

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) GRAHAM (Last) TODD

4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: October 22, 1903

9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mecklinberg, North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas W. Todd

14. MOTHER'S MAIDEN NAME: Nancy E. Harkey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 579-14-7140

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 **Immediate cause** (a) Pulmonary Tuberculosis — Interval between onset and death: 4 years &

136 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ — 5 months

(c) ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-12, 1945, to 11-27, 1949, that I last saw the deceased alive on 11-27, 1949, and that death occurred at 5.26 P.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title): M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 11/28/49

23. BURIAL, CREMATION, REMOVAL (Specify) DATE: 11/30/49 NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG. 11/28/49 REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR ADDRESS: James T. Ryan Inc. 317 Pa. Ave. S.E. D.C.

RECEIVED
DEC 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11021

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5315 Gallatin St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Prince GeoS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 5315 Gallatin St. (Roger's Hgts)

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Tucker

4. DATE OF DEATH: (Month) (Day) (Year) 11-12-49 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 27, 79

9. AGE last birthday: 70 yrs. If under 1 year: Mos. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Forestville, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Peacock

14. MOTHER'S MAIDEN NAME: Mary Ridgeway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: George C. Tucker (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163 Immediate cause (a) Carcinoma of lung. — Interval between onset and death: 5 months.

Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/10, 1949, to 11/12, 1949, that I last saw the deceased alive on 11/11, 1949, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frederick E Munn MD ADDRESS: 3709 Varnum St. DATE SIGNED: 11/13/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Nov. 16, 49
NAME OF CEMETERY OR CREMATORY: Fort Lincoln
LOCATION (City, town, or county) (State): Colmar Manor Md.

DATE REC'D BY LOCAL REG.: Nov 13, 1949
REGISTRAR'S SIGNATURE: James Berry

24. FUNERAL DIRECTOR: W.W.Chambers Co. ADDRESS: Riverdale, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11022

CERTIFICATE OF DEATH

Reg. Dist. No. 205

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (in this place) 8 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6207 44 Pl.	STREET ADDRESS (If rural, give location) 6207 44th. Pl.

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) HARVEY	(Last) WALTERS	4. DATE OF DEATH	(Month) 11-13-49 (Day) (Year) 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/31/1865	9. AGE last birthday 84 yrs.	If under 1 year: Months 2 Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Trailah, Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Richard Walters		14. MOTHER'S MAIDEN NAME Ann A. Thrift			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Ruth M. Walters (Daughter)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.0	Immediate cause	(a) Coronary occlusion	15 min.
	Antecedent cause(s)	(b) Congestive Heart Failure	2 weeks
93d	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) arteriosclerotic Heart Disease	2 week

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31, 1949, to Nov 13, 1949, that I last saw the deceased alive on Nov 7, 1949, and that death occurred at 11 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L W Malin MD		Riverdale Md	Nov 14, 1949.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Nov.16,1949	NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.	LOCATION (City, town, or county) (State) Colmar Manor, Md.
DATE REC'D BY LOCAL REG. Nov 14, 1949	REGISTRAR'S SIGNATURE James Sevey	24. FUNERAL DIRECTOR W.W.Chambers Co.	ADDRESS Riverdale Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV 10 1919
BUREAU V. S.

11023

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH — COUNTY: Prince George Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place): 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1903 Ingraham St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND COUNTY: Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HYATTSVILLE
STREET ADDRESS (If rural, give location): 1903 INGRAHAM ST

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) CARSON (Last) WARD SR.
4. DATE OF DEATH: (Month) Nov (Day) 17 (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2/13/1883
9. AGE last birthday: 66 yrs. If under 1 year: Months 9, Days 4; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Asberly & Sons.
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas Wilson Ward
14. MOTHER'S MAIDEN NAME: Jane R. Trammell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 577075590
17. INFORMANT: Mrs Elsie R. Eiland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary arteriosclerosis + myocardial infarct — 7 wks.

420.1 Antecedent cause(s)

124b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Essential hypertension. — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver. — 3 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1946, to Nov. 17, 1949, that I last saw the deceased alive on Nov. 17, 1949, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

SIGNATURE: Joseph J. Wallace (Degree or title) M.D. ADDRESS: 1801 K St. N.W. Wash. D.C. DATE SIGNED: Nov 17, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 11/21/49 NAME OF CEMETERY OR CREMATORY: Cedar Hill LOCATION (City, town, or county): Suitland (State): Maryland

DATE REC'D BY LOCAL REG.: Nov 17, 1949 REGISTRAR'S SIGNATURE: James Sevey

24. FUNERAL DIRECTOR: J. H. Hines Co. ADDRESS: 2901-14th St NW Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11024

Reg. Dist. No. 234

1. PLACE OF DEATH:

County: Prince Georges

City or town: Washington 20 DC
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 mo

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: (Oxon Hill Md) Washington 20 DC
(If outside city or town limits, write RURAL and give nearest town)

Street No. 6900 Palmer Road
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Lettie Warrick

3. (b) Social Security Number: —

4. Sex: Fem

5. Color or race: negro colored

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Thomas Warrick Deceased

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 15 1873

8. AGE: Years: 76 Months: — Days: — If less than one day ..... hrs. ..... min.

9. Birthplace: Piscataway Pr Geo Co. Md.
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: Retired

FATHER
12. Name: Jeremiah Nuby
13. Birthplace: Virginia

MOTHER
14. Maiden name: Mary Campbell
15. Birthplace: St Marys Co. Maryland

16. Informant: Viola Warrick

Address: 6900 Palmer Road S.E. Washington 20 DC

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11-22-49 (month) (day) (year)

Cemetery or crematory: Church Cemetery St. Ignatius

Location: Oxon Hill Md.

18. Funeral director: John T. Rhines & Co.

Address: 901 - 3rd Street, S.W.

19. Nov. 19 1949 (Date rec'd by registrar) Mrs. Alton Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 18 1949 at 9:55 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from none 19 to 19

and that I last saw her alive on Oct 23 1949

Immediate cause of death: acute congestive heart failure — DURATION: 4 hours unknown

Due to: Chronic Myocarditis — unknown

Due to: General Arteriosclerosis — unknown

Other conditions: none

422.1 (Include pregnancy within 3 months of death)

93d

Major findings of operations: none

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Natural Causes Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Paul C Van Yalta (Act. Dgt Coroner) M.D. or other

Address: 5440 Silver Hill Rd SE Washington 19 DC Date signed: Nov 18 1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
NOV 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11025

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Pr. Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4105 Woodbury Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
STREET ADDRESS (If rural, give location) 4105 - Woodbury Street

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) Anna (Last) Wenger
4. DATE OF DEATH (Month) Nov. (Day) 7 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Mar 28, 1873
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Unk.
12. CITIZEN OF WHAT COUNTRY? U.S.G.
13. FATHER'S NAME John Johnson
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Carrie Wells, Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Traumatic uremia

902.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Extensive hemotoma of anterior chest

186a (c) Fall from bed.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiovascular renal disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) University Park (COUNTY) Pr. Georges (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 10-31-49 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell out of bed

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) John J. Maloney, M.D. Dep. Med. Exam. ADDRESS Cheverly-Hyattsville, Md DATE SIGNED 11-7-49

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10 Nov. 1949
NAME OF CEMETERY OR CREMATORY Prospect Hill
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. Nov. 9th 1949
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy
24. FUNERAL DIRECTOR L. Gasoch's Sons. Hyattsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11026

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 237

1. PLACE OF DEATH
COUNTY Pr. George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arden
LENGTH OF STAY (In this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Geo. Palmer Highway

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Washington D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D. C.
STREET ADDRESS (If rural, give location) 327 63th St N. E. ✓

3. NAME OF DECEASED (Type or Print): (First) Chevie (Middle) (Last) Williams

4. DATE OF DEATH: (Month) Nov - (Day) 24 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	colored	single	May 21, 1926	23 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		North Carolina	U. S. A.

13. FATHER'S NAME: Chevie Williams

14. MOTHER'S MAIDEN NAME: Evelyn Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes

16. SOCIAL SECURITY NO.

17. INFORMANT: Evelyn Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

819.5 1700

Immediate cause (a) Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound fracture of base of skull

(c) Fractured cervical vertibra

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street | (CITY OR TOWN) Near Glenarden (COUNTY) Pr. Geo - (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 11-24-49 2.40 A m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Thrown from automobile following collision with another car.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Dep. Med Exam. - Cheverly - Hyattsville, Md 11-24-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	11/24/49	Frazier's Funeral Home	389-R I. Ave. N.W. Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11/24/49	Amanda Downey	Frazier's Funeral Home.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 30 1949
BUREAU V. S.

M

11027

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
LENGTH OF STAY (in this place) 3½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 Park Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill
STREET ADDRESS (If rural, give location) 112 Park Blvd.

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) M. (Last) Wirth

4. DATE OF DEATH (Month) Nov. (Day) 25 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Dec. 8, 1876
9. AGE last birthday 72 yrs. If under 1 year: Months 11 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Philadelphia Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hugh Connelly
14. MOTHER'S MAIDEN NAME Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Hubert J. Wirth 112 Park Blvd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Cardio-vascular renal disease

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30, 1945, to Nov 25, 1949, that I last saw the deceased alive on Nov 25, 1949, and that death occurred at 9:25 P m., from the causes and on the date stated above.

SIGNATURE Arthur Artzman (Degree or title) M.D. ADDRESS Nichols Ave. S.E. DATE SIGNED 11/26/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov. 28, 1949
NAME OF CEMETERY OR CREMATORY Holy Sepulchre
LOCATION (City, town, or county) (State) Philadelphia, Penn.

DATE REC'D BY LOCAL REG. Nov. 26-1948
REGISTRAR'S SIGNATURE Edna F. Collins
24. FUNERAL DIRECTOR Robert A. Pumphrey CRC. ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
DEC 1 1949
BUREAU V. S.

11028

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (In this place) Dayond
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore Boulevard. 1 mile Southof Laurel. Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel. Md - Oak. Crest.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	Flowers	Woody	Nov.	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept 4, 1911	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nelson Woody	Annie Fidd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Jessie O'Dell - Sister in law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
812.5 **Immediate cause**	(a) Hemorrhage & shock	
170C **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured skull - partial amputation Rt. foot	
	(c) Struck by automobile.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Street	Laurel	Prince Georges	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
11-6-49. 5:30 p.m.		Struck by automobile while crossing boulevard.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney M.D. Deputy Med. Examiner	Cheverly - Hyattsville Md	11-7-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 9, 1949	Ivy Hill Cemetery	Laurel, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-9-1949	M. Brashears	DeWitt Donaldson	Laurel, Maryland

VS. A15A

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NOV 19 1999
BUREAU V. S.